

Mediation Only Request Form

Important information you need to know before requesting a Mediation Only:

- Participation in a prehearing request mediation is voluntary. If one of the parties declines the opportunity to participate, the mediation cannot occur. However, either party still has the option of requesting a state level hearing.
- The law provides that attorneys and other independent contractors who provide legal advocacy services shall not attend or otherwise participate in a "prehearing request mediation." However, they may participate during all stages of the hearing process. This means that by requesting a mediation only you may not have an attorney or advocate present at mediation.
- The Special Education Hearing Office will assign your request to a specific mediator. All mediators are under contract with the Special Education Hearing Office and are experienced in the area of Special Education Mediation.

If you wish to file a request for Mediation only, complete and print a copy of this Mediation Only Request Form (NOTE: The required information must be provided for request to be processed.) and mail or fax to:

Office of Administrative Hearings, Special Education Unit
1102 Q Street, 4th Floor
Sacramento, CA 95814
Phone: (916) 323-6876 - Fax: (916) 322-8014

As soon as the completed request has been processed you will be notified by mail.

STUDENT INFORMATION:

NAME, First and Last (Required)

ADDRESS (Required)

DATE OF BIRTH

GRADE LEVEL

SCHOOL OF ATTENDANCE

(Required)

DISTRICT OF RESIDENCE

(Required)

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PARENT INFORMATION:

NAME, First and Last (Required)

ADDRESS (Required)

HOME PHONE

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WORK PHONE

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FAX

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LANGUAGE

PARTIES TO BE NAMED:

DISTRICT OF RESIDENCE

(Required)

ADDITIONAL PARTIES

(Required)

(Any other school district, including school of attendance, or public agency that is responsible for providing services that should be a party in the mediation and hearing.)

REQUESTING PARTY (Circle) (Required)

PARENT

PARENT REPRESENTATIVE

SCHOOL DISTRICT

SCHOOL DISTRICT REPRESENTATIVE

OTHER AGENCY

If the requesting party is not the parent, please complete the following:

NAME

ADDRESS

ORGANIZATION

PHONE

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FAX

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BRIEF SUMMARY OF REASON FOR REQUEST (Describe the nature of the problem including all relating facts.)

PROPOSED RESOLUTION OF PROBLEM STATED ABOVE